Application Data Sheet
Application Information

Application type:: Regular

Subject matter:: Utility

CD-ROM or CD-R:: None

Number of CD disks::

Number of copies of CDs:: 0

Sequence submission?:: No

Computer readable form (CRF)?:: No

Number of copies of CRF:: 0

Title:: Rotating Inflatable Device with

Built-in Blower and Sensor Light

Attorney docket number:: WAN 63224 EM

Request for early publication?:: No

Request for non-publication?:: No

Suggested drawing figure:: 1

Total drawing sheets:: 6

Small entity?:: YES

Applicant Information

Applicant authority type:: Inventor

Primary citizenship country:: CA. USA

Status: Full capacity

Given name:: Hua

Middle name:: Chiang

Family name:: WANG

Name suffix::

City of Residence:: La Verne

State or province of residence::

Country of residence:: CA. U.S.A.

Street of mailing address:: No. 2342, Sloan Dr.

City of mailing address:: La Verne

State or province of mailing

address::

Country of mailing address:: CA U.S.A

Postal or zip code of mailing 91750

address::

Applicant authority type:: Inventor

Primary citizenship country:: Taiwan. R.O.C.

Status: Full capacity

Given name:: Hsin

Middle name:: Yen

Family name:: Lin

Name suffix::

City of Residence:: Taichung Hsien.

State or province of residence::

Country of residence:: Taiwan. R.O.C.

Street of mailing address:: No.11, Chuang Jou Road,

Houli Hsiang.

City of mailing address:: Taichung Hsien.

State or province of mailing

address::

Country of mailing address:: Taiwan. R.O.C.

Postal or zip code of mailing 421

address::

Correspondence Information

Correspondence customer number:: 23364

Phone number:: 703-683-0500

Fax	numb	er	•	:
LUA	TI CILIE	$\sim$ $\sim$	•	•

703-683-1080

E-mail address::

mail@baconthomas.com

Representative Information

Representative customer number:: 23364

Domestic Priority Information

Continuity Type::	Parent Application::	Parent Filing Date::
Non-provisional of		
•		Application::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority claimed::

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or province of mailing address::

Country of mailing address::

Postal or zip code of mailing

address::